

## **Volunteer Application**

PERSONAL DATA Name:	_ Gender: Male Female								
Date of birth (mm/dd/yyyy): Country of Address:	f Origin:								
City: State:									
Emergency contact: Cell phone: ( ) Cell phone: ( ) _									
BACKGROUND AND INTERESTS	Full-time Part-time								
What level of education and or training have you completed?									
(a) Elementary Middle High School  (b) Undergraduate/Graduate Major and Degree:									
What is motivating you to volunteer? What are your goals?									
School Community Sorvice (SSL):									
<ul> <li>School Community Service (SSL): Y N</li> <li>What is your first/ native language?</li> </ul>									
In what other languages can you comfortably communicate? Ple	ase check "S" for spoken and "W" for written								
	inese S W Korean								
	nharic S W Russian								
	galog Other:								
<ul> <li>VOLUNTEER WORK INTERESTS</li> <li>Which volunteer positions are most interesting to you? (Check all</li> </ul>	I that apply)								
Administrative Aide Database Management	Data Entry Desktop Publishing								
Event Helper/Planner General Clerical	Reception Teaching/ Training								
Teaching Aide Photo/ Videography	Program Coordination								
Other:									

PLEAS	SE ATTACH A COI	PY OF YOU	R RESUM	E:					
R	Resume attached	I do n	ot have a r	resume					
AVAIL	ABILITY			<i>a</i>	٦,	1 🗀 -			
•	Do you prefer to v	•		<u> </u>	Yes	No E	Both		
	TION AND TIME P		· —				7		
V	Vheaton	Germantow	n	Gaithersb	ourg Library		_ East Cou	inty	
		Sun	Mon	Tue	Wed	Thu	Fri	Sat	
9	AM - 12 Noon								
12	2 Noon - 3 PM								
3	PM - 6 PM							closed	
6	PM - 9:30 PM							closed	
9:	:30 PM - Midnight								
	o <b>n:</b> MonThurs., 9am /ed. & Fri., 10am-3pm Frequency:	n; Sat., 10am-	-3pm, <i>East</i> (	County: Mon.	& Fri., 5pm-		ipm-9pm; Sa 		Tues., 5pm-
•	Are there times w	hen you car	not volunte	eer?					
NC	OTE: Please note t	hat we serv	e primaril	y an adult a	age group.				
VALID.	ATION I understand that medical or other r I acknowledge that volunteering with	needs with the at my signat	ne person i ure validate	in charge pr	ior to begin	ning the ass n as correct	ignment.		•
	Volunteer Signatu	ıre:		<del> </del>	· · · · · · · · · · · · · · · · · · ·		Date: _	· · · · · · · · · · · · · · · · · · ·	
	If the above is unrequired.	nder age 18	, a parent/	/guardian s	<b>ignature</b> a	nd disclosu	re of volui	nteer applica	ant age is
	Parent/Guardian	Signature: _					Date:		
	Parent/Guardian I	Name:							
	Return this applic	Volui Char 2424	Reedie Dr	rdinator hrist Immigi rive, Suite 2 land 20902		ce Center			

Or print, scan and e-mail this form to: <u>GilchristCenter@montgomerycountymd.gov</u>